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PROGRESS REPORT ON FOLLOW-UP TO THE WORLD SUMMIT FOR CHILDREN

SUMMARY

Paragraph 35 (v) of the Plan of Action endorsed by the World Summit for Children in 1990 requested the governing bodies of the relevant specialized agencies and the United Nations organs to include a periodic review of the implementation of the Declaration and Plan of Action at their regular sessions. This is the Executive Director's sixth annual progress report on follow-up to the Summit. It covers the year 1996 and is the first since the formal review carried out at mid-decade, which was the subject of a report by the Secretary-General to the General Assembly at its fifty-first session.

* E/ICEF/1997/13.

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INTRODUCTION

1. The World Summit for Children, held at United Nations Headquarters on 29-30 September 1990, adopted the Declaration on the Survival, Protection and Development of Children and endorsed a Plan of Action for its implementation. Both the Executive Board (E/ICEF/1991/12, decision 1991/10) and the General Assembly (resolution 45/217 of 21 November 1990) welcomed the adoption of the Declaration and Plan of Action and urged all States and other members of the international community to work for the achievement of the goals endorsed therein.

2. National programmes of action (NPAs) have been developed to transform promises made in the Summit Declaration into meaningful action at national and subnational levels. At the end of 1996, 167 countries had signed the Declaration and 155 had finalized or were in the process of finalizing their NPAs. Some 50 countries have formulated subnational programmes of action and a further 26 are planning to do so. It is significant that six years after the Summit, the process of preparing subnational programmes of action for children continues as a means of assessing and improving the situation of children.

3. Paragraph 35 (v) of the Plan of Action requested "the governing bodies of the relevant specialized agencies and the United Nations organs to include a periodic review of implementation of the Declaration and Plan of Action at their regular sessions". The Executive Director has submitted an annual progress report on follow-up to the World Summit for Children to the Executive Board since 1991.

4. Paragraph 35 (iv) of the Plan of Action requested the Secretary-General to arrange a mid-decade review, at all appropriate levels, of progress being made towards implementation of the commitments of the Declaration and Plan of Action. Based on inputs received from the national reviews as well as from technical reviews by the UNICEF/World Health Organization (WHO) Joint Committee on Health Policy and the United Nations Educational, Scientific and Cultural Organization (UNESCO)/UNICEF Joint Committee on Education, the Secretary-General presented his progress report (A/51/256) on 30 September 1996.

5. This sixth annual report to the Executive Board on follow-up to the World Summit for Children provides an updated summary of progress at mid-decade and highlights the major challenges that remain for the fulfillment of the goals for the year 2000. It attempts to capture the complementarity between the implementation of the global goals and the realization of the rights recognized by the Convention on the Rights of the Child (now ratified by all but three countries in the world (see annex)). The report also provides information on the cost of supporting the mid-decade review to UNICEF and its country programmes, as requested by the Board in decision 1995/14 (E/ICEF/1995/9/Rev.1). Finally, it describes a number of proposed next steps towards the achievement of the Summit goals by the year 2000 and a draft recommendation for consideration by the Executive Board.

I. PROGRESS TOWARDS ACHIEVEMENT OF THE GOALS FOR CHILDREN

6. The mid-decade review was carried out by many Governments in collaboration with non-governmental organizations (NGOs), civil society partners and United Nations agencies, using a variety of formats. Formal mid-decade reviews were

organized in 35 countries. Another 63 countries conducted their reviews in conjunction with the annual or mid-term review of the UNICEF country programme or during the preparation of a new country programme. UNICEF, as the lead United Nations agency for children, supported the national reviews. Regional reviews also took place in 1995 and 1996. Figure 1 below describes the major activities of the mid-decade review.

Figure 1

Major mid-decade review activities, 1995-1996

A. National mid-decade reviews in 98 countries

B. Regional mid-decade reviews:

- Third East Asia and Pacific Ministerial Consultation on the Goals for Children and Development to the Year 2000, Hanoi, Viet Nam, 13-16 November, 1995
- Third Ministerial Meeting on Children and Social Policy in the Americas, Santiago de Chile, 8-9 August, 1996
- South Asian Association for Regional Cooperation Conference on Children, Rawalpindi, India, 20 August, 1996

C. Global reviews:

- UNICEF/WHO Joint Committee on Health Policy, May 1996
- UNESCO Mid-Decade Meeting of the International Consultative Forum on Education for All, Amman, Jordan, June 1996

D. General Assembly:

- Release of mid-decade review report by the Secretary-General, with participation of representatives of the six countries that initiated the World Summit for Children, 30 September 1996
- Introduction of Secretary-General's report and debate by the General Assembly, October 1996
- Adoption of General Assembly resolution 51/186 on mid-decade review, 16 December 1996

A. Multiple indicator cluster surveys

7. In collaboration with UNESCO, WHO, the United States Centers for Disease Control and Prevention and a number of institutions in developing and industrialized countries, UNICEF developed the multiple indicator cluster survey (MICS) methodology for the purpose of obtaining data for monitoring progress towards the mid-decade goals. By May 1996, 20 countries had reported

goal-by-goal achievement on the basis of the surveys and by end-December 1996, 15 more countries had completed survey results and reports.

8. A total of 64 countries undertook stand-alone MICS and 24 countries added MICS modules to existing surveys. Reports have not yet been received from all countries. In 21 countries, national surveys were undertaken without using MICS. In the other countries, data was collected mainly through routine reporting systems, which may not be as reliable or up to date as those obtained from the systematic survey methodology. Information regarding the development and implementation of MICS is presented in figure 2 below.

Figure 2

Development of multiple indicator cluster survey methodology

1991-1993:	Global inter-agency consensus on goals and indicators.
1993-1994:	Development of and agreement on MICS methodology. Publication of manual on MICS.
1994-1995:	One multi-country and four regional training seminars held for planning and implementing MICS.
1995-1996:	64 countries undertook stand-alone MICS. 24 countries used selected modules in other surveys (add-on).
1997:	Proposed evaluation of MICS methodology and implementation.

9. UNICEF provided financial support for the national mid-decade reviews primarily for the collection, analysis and reporting of data provided through MICS. The cost of conducting MICS varies considerably, depending on the sample size, population density, the operational approach, the number and type of modules used in the survey and the capacity for implementing surveys at national and subnational levels. Based on reports from the 64 countries that conducted stand-alone MICS, the average cost of the surveys was approximately $85,000. The major cost categories were field work (52 per cent), technical assistance (16 per cent), training (12 per cent) and data entry and analysis (9 per cent). The average cost of MICS is relatively low compared to the cost of socio-economic household surveys of a similar size and scope. The costs of a demographic and health survey and a priority survey are often much higher than the cost of MICS. In large part, the costs of MICS were covered by UNICEF country programmes as part of support to national capacity-building for statistical generation and use of data. Most of the remaining costs were met by national Governments, with some donors also contributing to the process.

B. Overview of progress at mid-decade

10. The Secretary-General's report indicates that there has been major progress towards most mid-decade goals in most countries. Based on routine reports and special surveys, it is estimated that over 80 per cent of the world's children are now covered by immunization services, and some countries have already reached or surpassed the goal of 90 per cent immunization set for

the year 2000. However, routine administrative reporting systems are not always reliable and sometimes lead to overestimations. Major progress was made towards the elimination of neonatal tetanus, with nearly two thirds of the expected deaths associated with neonatal tetanus now being prevented. The reduction in measles mortality and morbidity has been remarkable in recent years, to the extent that nearly 75 per cent of measles cases and 85 per cent of measles deaths that would have occurred in 1995 without immunization are being averted. Of 88 developing countries where bacterial pneumonia is common, 59 have started active programmes to control acute respiratory infections (ARI). Oral rehydration therapy is now being used to prevent dehydration and death in the vast majority of diarrhoea cases.

11. Polio and dracunculiasis (guinea worm disease) are on the verge of eradication. National programmes to eradicate dracunculiasis have reduced its incidence by an estimated 97 per cent and thousands of villages in the most endemic countries are now free of the debilitating disease. According to WHO, the number of polio cases decreased by 83 per cent between 1988 and 1995. The support provided by Rotary International and its affiliates to eradicate polio and the Carter Center/Global 2000 to eradicate dracunculiasis are worthy of special mention. Over 10,000 hospitals and maternity facilities in more than 100 countries are now officially designated as "baby-friendly". Hospitals and maternity facilities achieve this status when they successfully comply with the UNICEF/WHO global criteria and do not accept, use or distribute free and low-cost supplies of breast-milk substitutes. Since 1990, almost all countries where iodine deficiency disorders (IDD) are a public health problem have initiated salt iodization programmes. An additional 1.5 billion people have begun to consume iodized salt, protecting around 12 million infants each year from brain damage, the world's leading cause of preventable mental retardation. Severe forms of vitamin A deficiency, including blindness, have declined markedly in many countries through large-scale supplementation programmes. There was global progress towards the goal for access to safe water, owing to remarkable achievements in Asia. Overall, these efforts have contributed substantially to the estimated 1 million fewer child deaths that occurred in 1995 as compared to 1990.

12. Above all, there is now a greater recognition of children's rights. With universal ratification of the Convention on the Rights of the Child one of the mid-decade goals, by the end of 1995, 187 out of 193 countries had ratified it. By February 1997 it had been ratified by 190 countries. The Convention has become the most widely accepted human rights treaty in history.

13. This reality shows that more progress is being made for the world's children than ever before. However, had all mid-decade goals been achieved in all countries and communities, the situation of children would have improved more decisively in 1995. Indeed, as the Secretary-General's report highlighted, there has been limited progress on some of the goals for the year 2000, particularly regarding child mortality, malnutrition, maternal mortality, basic education and sanitation (see chapter II below).

C. Lessons learned

14. The establishment of time-bound and measurable goals by the World Summit for Children was a pioneering endeavour, designed not only to mobilize resources and commitment, but to help shape programmes of activity and give them clear aims and directions.

15. The goals have had an extraordinary mobilizing power, generating a renewed level of activity on behalf of children around the world and creating new partnerships between Governments, international organizations, the private sector, donors, the media, NGOs and other actors in civil society in pursuit of a common purpose.

16. The broad ownership of the children's agenda, which evolved through a process of extensive consultations and consensus-building, was an important element of its acceptance and translation into action. Of particular importance was the process whereby the agenda was taken up by Governments, especially in the developing world, and given expression in NPAs and subnational programmes of action at state, provincial, district and municipal levels in many countries.

17. Analysis of the data highlighted regional, national and local diversity in progress. Countries and regions face very different challenges in meeting the goals set at the global level, given their historical backgrounds, different levels of development, existing capacities and other initial conditions. There is clearly a need for prioritization of the goals to suit local realities.

18. Community participation has been vital to achieving progress. In many contexts, the mobilization of communities behind a goal and the strategy for implementing a programme to reach the goal has been the critical ingredient of success. This lesson was amply demonstrated during the push for universal child immunization in the late 1980s and has been reinforced during the 1990s through efforts on a wider range of social fronts, such as the control of dracunculiasis, the eradication of polio and the promotion of breast-feeding.

19. One of the important achievements associated with the follow-up to the World Summit for Children has been the work generated in connection with measurement of progress. Setting measurable goals demanded a commensurate effort to establish effective systems of data collection and use, especially on children, presented in a disaggregated manner. The past five years have revealed shortcomings in these areas. Through the MICS methodology and other efforts to improve data collection and analysis, national Governments and the international community are now in a better position to establish baseline data and monitor progress.

20. In sum, the mid-decade review shows that when political commitment is present, adequate resources are allocated, communities are mobilized and sound policies and programmes are implemented, notable progress can be achieved.

II. REMAINING CHALLENGES FOR THE YEAR 2000

21. The mid-decade review has been forthright in acknowledging that limited progress has been achieved with regard to some of the key indicators for the well-being of children and women. They include basic education, maternal mortality, malnutrition, sanitation and under-five mortality.

A. Basic education

22. An estimated 140 million primary school-age children, of whom about 60 per cent are girls, do not attend school, Drop-out rates remain high and reduction in gender disparity has been slow. Enrolment, particularly among girls, will have to accelerate if the end-decade goal is to be met.

23. The available data do not allow to measure progress vis-à-vis the goal of universal access to basic education and the achievement of primary education by at least 80 per cent of all children. Enrolment only tells part of the story. Many children do not stay in school until they have a minimum level of education (grade 5). In the East Asia and Pacific and Middle East and North Africa regions, around 90 per cent of those who start school complete four years of primary education, but only 75 per cent do so in Latin America and the Caribbean and around 60 per cent in sub-Saharan Africa and South Asia. Such high drop-out rates indicate that achieving basic education for at least 80 per cent of primary school-age children by the year 2000 will be very challenging in these two regions. Latin America will also have to accelerate its pace of progress if it is to meet the end-decade goal.

24. Monitoring of progress in basic education is thwarted by weak data. One third of the countries in the developing world do not report net primary school enrolment to UNESCO, the primary source of educational data at the international level. For countries that do report their educational statistics, the data either refer to a situation several years in the past or are based on administrative reports that often tend to overestimate enrolment. Data regarding the proportion of children starting grade 1 at the recommended age, and the percentage reaching grade 5, remain difficult to obtain.

25. Gender disparities in terms of access to and completion of primary education need to be reduced and eliminated. This will be particularly challenging in South Asia, as well as in sub-Saharan Africa and the Middle East and North Africa. Increasing completion will also require improvements in the quality of primary education, which will necessitate more learning materials, better teacher training and more community involvement in school management.

B. Maternal mortality

26. New data show that in 1990, there were some 585,000 maternal deaths, implying that pregnancy-related mortality has been seriously underestimated in the past. The maternal mortality ratio is highest in sub-Saharan Africa and in South Asia. Most of the deaths are due to five direct obstetric causes: haemorrhage, sepsis, eclampsia, obstructed labour and unsafe abortion. Approximately 20 per cent of pregnancy-related deaths in developing countries are associated with such conditions as anaemia, malnutrition and malaria. Progress towards the goal according to any measurable definition is unknown, but there is no evidence to suggest that significant progress has been achieved.

27. The recent impetus gained by the women's cause at national level and in international forums has been reflected in the heightened attention to reproductive health in general and maternal mortality in particular. As a priority, actions must be taken within the primary and secondary health care systems to strengthen further pregnancy-related services for all women, and to improve access to emergency clinical care for obstetric complications. Guidelines have been developed to measure progress in improving the coverage and use of obstetric services. Safe motherhood interventions must be designed so as to integrate family planning, nutrition, prenatal care, delivery and post-partum care, and reproductive health workers must be trained accordingly. The objective is to ensure a continuum of care throughout women's lives.

28. Information, education and communication activities need to be targeted not only to women, but also to men and those in the community whose attitudes

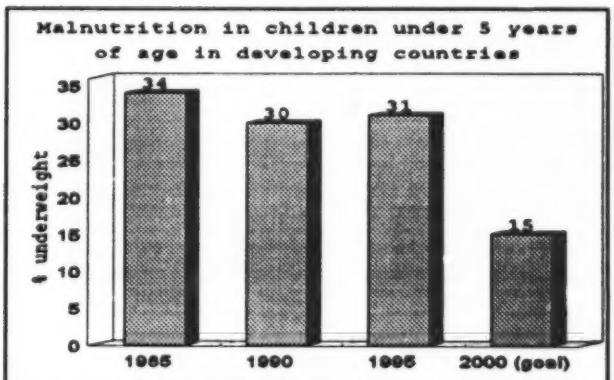
and actions can influence behaviour, including organizing transport in emergencies.

C. Child malnutrition

29. In 1995, an estimated 174 million children under five years of age in the developing world were malnourished, as indicated by low weight-for-age.

30. While the availability of nutrition data has improved since 1990, it is still difficult to measure change, in part because of the lack of adequate baseline or trend data in many countries. Between 1990 and 1995, the number of countries with reliable data on malnutrition increased from 53 to 97. The best available estimates indicate that 31 per cent of children under five years old in the developing world were underweight in 1995. The goal for the year 2000 is to reduce the 1990 level by half, to 15 per cent. No measurable progress seems to have been made in the first half of the decade, as indicated in figure 3 below.

Figure 3



Source: Adapted from preliminary estimates for the Third Report on the World Nutrition Situation, 1996, Administrative Committee on Coordination, Subcommittee on Nutrition.

31. The global figure masks significant regional differences, although the slow rate of progress is common to all regions. In South Asia, about one half of young children are underweight; in sub-Saharan Africa, the figure is around 31 per cent; in East Asia, 22 per cent; the Middle East and North Africa, 14 per cent; and the Americas and the Caribbean, 8 per cent. In sub-Saharan Africa and South Asia, the number of malnourished children has actually increased in recent years. Particular emphasis will need to be placed on the inter-generational connection between the well-being of women and the nutritional state of children, particularly girls.

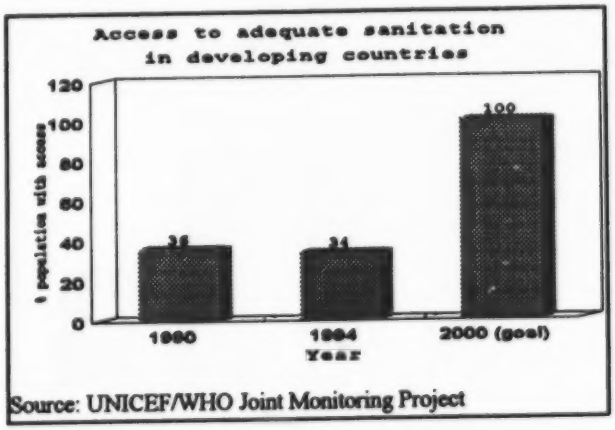
D. Sanitation

32. Analysis of global data clearly shows that sanitation has been neglected since 1990. While the application of tighter definitions as to what constitutes "adequate" sanitation may have had some impact, it is all too clear that investment in sanitation improvements remains a low priority for many Governments and communities.

33. Overall, the coverage of adequate sanitation services declined from 36 to 34 per cent between 1990 and 1994, making the achievement of the end-decade goal more difficult (see figure 4 below). The number of people deemed to be lacking adequate sanitation rose by 274 million in those four years, with coverage falling in both urban and rural areas. At the end of 1994, a mere 18 per cent of rural people could be said to have access to adequate sanitation services, leaving some 2,284 million rural dwellers unserved. A further 589 million urban residents also lack proper sanitation, 146 million more than in 1990. Even in the best performing region of Western Asia, the unserved population increased by 1 million in the four years.

34. In addition to the urgent need to allocate more resources to accelerate programmes in sanitation services, it is critical that greater emphasis be given to low-cost technology, promoting behavioural change in practice of personal hygiene and strengthening community organization and management, if there is to be progress towards the goal of universal access by the year 2000.

Figure 4



Source: UNICEF/WHO Joint Monitoring Project

E. Under-five mortality

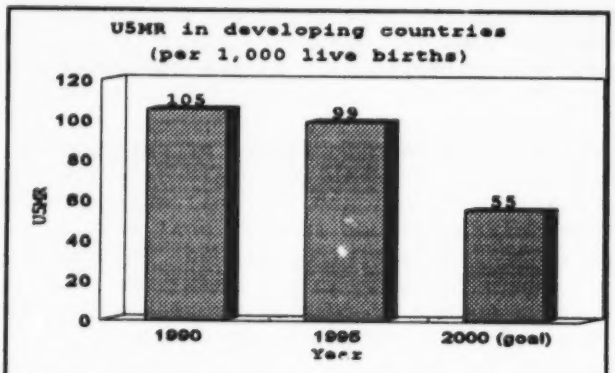
35. While the global reduction in the under-five mortality rate (U5MR) continued in the 1990s, the majority of children live in countries that are not on track to achieve the global goal.

36. Figure 5 below depicts progress in developing countries. It indicates that the reduction in U5MR from 105 per 1,000 live births in 1990 to 99 in 1995 is insufficient to achieve the end-decade goal, which would lower U5MR to an estimated 55 per 1,000 love births in the year 2000. The rate of reduction in U5MR between 1990 and 1995 barely exceeded 1 per cent per year, although a 12 per cent annual reduction will be required between 1995 and 2000 to reach the end-decade goal.

37. Sub-Saharan Africa has the largest shortfall. Between 1990 and 1995, U5MR declined by less than 1 per cent per year, and must decline by 19 per cent per year between 1995 and 2000 to reach the goal. South Asia is the region with the second largest discrepancy. The rate of reduction in U5MR will have to accelerate from 2 to 11 per cent. Together, the two regions account for about 72 per cent of deaths of children under five years of age.

38. Priority attention should be given to sub-Saharan Africa and South Asia. These regions have also achieved relatively modest progress in immunization, diarrhoea and ARI control and nutrition. While continuing to target interventions at the major causes of preventable child mortality, access to effective and integrated treatment of childhood illness in first-level health facilities needs to be expanded.

Figure 5



U5MR for 2000 reflects average child mortality if all countries were to achieve the goal of 70 per 1,000 live births or a one-third reduction of the 1990 level, whichever is less.

Source: UNICEF

III. THE GOALS OF THE WORLD SUMMIT FOR CHILDREN AND THE CONVENTION ON THE RIGHTS OF THE CHILD

39. The goals of the World Summit for Children are a quantitative reflection of the level of realization of children's fundamental social and economic rights. They were formulated after extensive consultations and were developed as an integral part of the fourth United Nations development decade strategy, which sought to position human development at centre stage. The Convention on the Rights of the Child, which is legally binding, has stressed the responsibility of States to ensure and respect the rights of children, making the best interest of the child a priority consideration.

40. The Convention recognizes the rights which are inherent to the dignity of each individual child. Thus, it indicates that it is no longer sufficient to reach the majority of children or to attain a reasonable level of realization of their rights. The formulation of the Summit goals was based on the practical consideration of challenges facing many developing countries. With the near universal ratification of the Convention, States have endorsed the objective of protecting the rights of all children, including those that are not reached by basic social services at present and who often represent the poorest of the poor. This means that even where the goals for the year 2000 are likely to be met, Governments and development partners need to focus special attention on the 20 per cent of the children who will not achieve primary education, the 10 per cent who will not be immunized and the 5.5 per cent who will die before the age of five years.

41. According to the principle of indivisibility, all rights are equally important and no hierarchy should be established between them. This does not, however, mean that there should be no prioritization of activities designed to ensure their realization according to a proper assessment and analysis of children's situation within each setting. In resolution 51/186 of 16 December 1996, on the mid-decade review, the General Assembly called upon Governments and their partners, taking into account lessons learned during the mid-decade reviews, to adjust, refine and prioritize, where necessary, their goals and strategies within the framework of the Declaration and Plan of Action of the Summit and in conformity with the Convention on the Rights of the Child. The Assembly also stressed the need for greater efforts to involve children themselves, in accordance with article 12 of the Convention in all matters affecting them.

42. UNICEF is guided in its action in favour of children by the Convention. In this spirit, UNICEF strives to establish children's rights as enduring ethical principles and international and national standards of behaviour towards children. Many UNICEF country offices and National Committees for UNICEF have already acquired experience in supporting national efforts to ensure the implementation of children's rights. In the past year, for example, the Executive Board approved a number of country programme recommendations that used the Convention as a framework for programme development.

43. According to the Convention, States parties have an obligation to submit periodic reports to the Committee on the Rights of the Child on the national process of implementation of the Convention, two years after ratification and every five years thereafter. By end-February 1997, 101 reports had been submitted to the Committee. Immediate challenges are to consider in an integrated manner the processes of implementing the Convention and the NPAs and to develop suitable indicators to monitor progress in the realization of child rights.

44. UNICEF will continue and strengthen further its cooperation with the Committee on the Rights of the Child in facilitating the national implementation and monitoring process of the Convention, as well as its reporting system.

IV. NEXT STEPS

45. At mid-decade, striking progress has been made in the areas of immunization, control of diarrhoeal diseases, polio, dracunculiasis eradication, IDD control and promotion of breast-feeding. The Convention on the Rights of the Child has been ratified by almost every country in the world. However, progress towards goals concerning child survival, education and nutrition is lagging. In the coming years, while sustaining progress made in the control of preventable diseases, efforts must be intensified to narrow the gap regarding child development. Among the key next steps to achieve the goals for the year 2000 are to:

(a) Strengthen linkages between the Convention and the Summit goals. The creation of a legal framework for the protection of the rights of children was a major gain. The next step is to strengthen further the links between the Convention and the Summit goals. Indicators that will allow the monitoring of progress on the realization of children's rights will need to be developed to cover all the areas identified by the Convention;

(b) Prioritize goals and strategies more closely to local realities. While progress will be measured against the global goals set by the Summit, they must be translated and prioritized in the context of national realities so that each country can identify, implement and report on realistic goals. The development, refining and updating of national and subnational programmes of action helps to translate Summit goals into national realities. To implement NPAs fully, they should be incorporated into national development plans and integrated with government budgetary processes;

(c) Build national capacity. National capacity-building of Governments, local communities, NGOs and other actors in civil society should be enhanced to sustain progress and meet the remaining challenges. At the national level, capacity-building should be strengthened for effective service delivery, the formulation of integrated sectoral plans and the development of systems for routine data collection and analysis. Community participation should be strengthened to assess the local situation, build awareness, set local priorities, manage local service delivery and develop local financing mechanisms. Communities and those belonging to the most disadvantaged groups must be empowered with skills, knowledge and capacity to participate in development as full partners;

(d) Mobilize additional resources. Achieving the Summit goals will require additional resources. UNICEF strongly supports the 20/20 initiative, which calls for the restructuring of both national and foreign aid budgets in favour of basic social services. This initiative provides a practical basis for the mobilization of sufficient financial resources to achieve universal access to basic social services. The Programme of Action of the World Summit for Social Development encourages interested Governments to undertake a mutual commitment to implement the 20/20 initiative. UNICEF participated in a follow-up meeting in Oslo, Norway, in April 1996 and has been designated the lead agency within the United Nations system on the initiative. UNICEF will continue to work towards translating this initiative into a practical reality, for example by supporting countries' efforts to assess government spending on basic social services;

(e) Increase inter-agency coordination, including follow-up to international conferences. UNICEF is full committed to coordination at all levels of the United Nations system. Specific information on follow-up to the international conferences and field-level coordination was presented to the Executive Board at its second regular session of 1997, in the Executive Director's annual report to the Economic and Social Council (E/ICEF/1997/10 (Part I));

(f) Modify the UNICEF system for allocation of general resources. As requested by the Board, the secretariat has been reviewing the system for allocation of general resources and will submit a proposal to modify the system to the Board. The modified system will enable UNICEF to respond better to the challenges facing the least developed countries, particularly in sub-Saharan Africa and South Asia;

(g) Follow-up to General Assembly resolution 51/186 of 16 December 1996. In resolution 51/86, the Assembly decided to convene a special session in 2001 to review achievements of the goals of the World Summit for Children. It requested the Secretary-General to report on the preparations for the special session and on progress on the implementation of the resolution at its

fifty-third session in 1998. UNICEF will support the Secretary-General in this process.

V. RECOMMENDATION

46. The Executive Director recommends that the Executive Board adopt the following draft decision:

The Executive Board

1. Notes with appreciation the progress made towards the mid-decade goals established by the World Summit for Children;

2. Recognizes that achieving the Summit goals will be a major step towards ensuring all children's basic social, economic and cultural rights, and that the Convention on the Rights of the Child provides a framework to ensure that all children's political and civil rights are also guaranteed;

3. Recognizes the enormous challenges ahead to meet the end-decade goals, especially in the areas of under-five and maternal mortality, malnutrition, basic education and sanitation;

4. Urges all Governments, the international community, the private sector, NGOs and other actors in civil society, the media and communities to reaffirm their commitment to children, and to allocate to the maximum extent additional human and financial resources to support the achievement of the Summit goals for the year 2000;

5. Also urges Governments to strengthen further national capacities for the collection and use of relevant and timely data on the situation of children and women, and to identify appropriate indicators to monitor progress in the realization of their rights;

6. Further urges all Governments to adopt appropriate strategies to ensure that the rights of all children are guaranteed, as mandated by the Convention on the Rights of the Child, by modifying where necessary their national and subnational programmes of action;

7. Requests the Executive Director to support the Secretary-General in the implementation of General Assembly resolution 51/186 of 16 December 1996;

8. Also requests the Executive Director to take necessary action, as part of the country programme process, to advocate for and support efforts by national Governments and other actors in civil society to achieve the Summit goals within the framework of national and subnational programmes of action.

Annex

STATUS OF SIGNATURE OF WORLD SUMMIT DECLARATION, NPA PREPARATION AND RATIFICATION OF THE CONVENTION ON THE RIGHTS OF THE CHILD AS OF 26 FEBRUARY 1997

ASIA * 2 ** 4 *** 21	D	C	SUB-SAHARAN AFRICA · 3 ** 8 *** 33	D	C	LATIN AMERICA AND THE CARIBBEAN * 6 ** 3 *** 23	D	C	MIDDLE EAST AND NORTH AFRICA * 1 ** 1 *** 17	D	C	INDUSTRIALIZED COUNTRIES · 1 ** 2 *** 15	D	C
Afghanistan	s	r	· Angola	ns	r	* Antigua and Barbuda	s	r	— Algeria	s	r	Andorra	ns	r
— Bangladesh	s	r	— Benin	s	r	— Argentina	s	r	— Bahrain	ns	r	— Australia	s	r
— Bhutan	s	r	— Botswana	s	r	· Bahamas	ns	r	— Cyprus	ns	r	Austria	s	r
Brunei Darussalam	ns	r	— Burkina Faso	s	r	— Barbados	s	r	— Djibouti	s	r	— Belgium	s	r
Cambodia	s	r	— Burundi	s	r	— Belize	s	r	— Egypt	s	r	— Canada	s	r
— China	s	r	— Cameroon	s	r	— Bolivia	s	r	— Iran (Islamic Republic of)	s	r	— Denmark	s	r
Cook Islands	ns	ns	— Cape Verde	s	r	— Brazil	s	r	· Iraq	ns	r	— Finland	s	r
— Democratic People's Republic of Korea	s	r	— Central African Republic	s	r	— Chile	s	r	— Jordan	s	r	· France	s	r
— Fiji	s	r	— Chad	s	r	— Colombia	s	r	— Kuwait	s	r	— Germany	s	r
— India	s	r	— Comoros	s	r	— Costa Rica	s	r	— Lebanon	s	r	Greece	s	r
— Indonesia	s	r	— Congo	s	r	— Cuba	s	r	— Libyan Arab Jamahiriya	ns	r	— Holy See	s	r
· Kiribati	ns	r	— Côte d'Ivoire	s	r	— Dominica	s	r	— Morocco	s	r	Iceland	s	r
— Lao People's Democratic Republic	s	r	— Equatorial Guinea	s	r	— Dominican Republic	s	r	— Oman	ns	r	Ireland	s	r
— Malaysia	s	r	· Eritrea	s	r	— Ecuador	s	r	— Qatar	s	r	Israel	s	r
— Maldives	s	r	— Ethiopia	s	r	— El Salvador	s	r	— Saudi Arabia	ns	r	— Italy	s	r
— Marshall Islands	s	r	Gabon	s	r	· Grenada	s	r	— Sudan	s	r	— Japan	s	r
— Micronesia (Federated States of)	ns	r	— Gambia	s	r	— Guatemala	s	r	— Syrian Arab Republic	s	r	Luxembourg	s	r
— Mongolia	s	r	— Ghana	s	r	— Guyana	s	r	— Tunisia	s	r	Liechtenstein	s	r
— Myanmar	s	r	— Guinea	s	r	— Haiti	s	r	— United Arab Emirates	ns	r	Malta	ns	r
Nauru	ns	r	— Guinea-Bissau	s	r	— Honduras	s	r	— Yemen	s	r	Monaco	s	r
— Nepal	s	r	— Kenya	s	r	— Jamaica	s	r				— Netherlands	s	r
Niue	ns	r	— Lesotho	s	r	— Mexico	s	r				— New Zealand	s	r
— Pakistan	s	r	— Liberia	s	r	— Nicaragua	s	r				— Norway	s	r
· Papua New Guinea	s	r	— Madagascar	s	r	— Panama	s	r				— Portugal	s	r
— Philippines	s	r	— Malawi	s	r	— Paraguay	s	r				San Marino	ns	r
— Republic of Korea	s	r	— Mali	s	r	— Peru	s	r				— Spain	s	r
Republic of Palau	ns	r	— Mauritania	s	r	· Saint Kitts and Nevis	s	r				— Sweden	s	r
Samoa	s	r	— Mauritius	s	r	— Saint Lucia	s	r				Switzerland	ns	s
— Singapore	ns	r	— Mozambique	s	r	· Saint Vincent and the Grenadines	s	r				— United Kingdom of Great Britain and Northern Ireland	s	r
— Solomon Islands	s	r	— Niger	s	r	· Suriname	s	r				— United States of America	s	s
— Sri Lanka	s	r	— Nigeria	s	r	— Trinidad and Tobago	s	r						
— Thailand	s	r	— Namibia	s	r	— Uruguay	s	r						
Tonga	s	r	— Rwanda	s	r	— Venezuela	s	r						
— Tuvalu	ns	r	— Sao Tome and Principe	s	r									
— Vanuatu	s	r	· Seychelles	ns	r									
— Viet Nam	s	r	— Sierra Leone	s	r									
			Somalia	ns	ns									
			— South Africa	s	r									
			— Swaziland	s	r									
			— Togo	s	r									
			— Uganda	s	r									
			— United Republic of Tanzania	s	r									
			— Zaire	s	r									
			— Zambia	s	r									
			— Zimbabwe	s	r									

CENTRAL AND EASTERN EUROPE, THE COMMONWEALTH OF INDEPENDENT STATES AND THE BALTIC STATES

*12 **1 *** 2

			Kyrgyzstan	s	r
· Albania	s	r	Latvia	s	r
· Armenia	s	r	Lithuania	s	r
Azerbaijan	s	r	Poland	s	r
· Belarus	s	r	Republic of Moldova	s	r
Bosnia and Herzegovina	s	r	— Romania	s	r
			— Russian Federation	s	r
· Bulgaria	s	r	· Slovakia	ns	r
· Croatia	s	r	· Slovenia	s	r
· Czech Republic	s	r	Tajikistan	s	r
Estonia	s	r	— Turkey	s	r
· Federal Rep. of Yugoslavia (Serbia and Montenegro)	s	r	The former Yugoslav Republic of Macedonia	s	r
· Georgia	s	r	Turkmenistan	s	r
· Hungary	s	r	· Ukraine	s	r
Kazakstan	s	r	Uzbekistan	s	r

D: Declaration of World Summit for Children
C: Convention on the Rights of the Child
s: signed, ns: not signed, r: ratified

* Preparation under way (25 countries)
** Draft/outline received (19 countries)
*** NPA finalized (111 countries)

Summit Declaration: 168 signed, 25 not signed
Convention: 190 ratified, 1 signed, 2 not signed

Total of 155 countries with NPA finalized, in draft or under preparation

Note: In addition to the above, three dependent territories, British Virgin Island, Monserrat and Turks and Caicos, have finalized programmes of action

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